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messenger service, and monitoring Division vehicle fleet. This Unit is included with the Bureau of Administrative Support Services.

Central Files Section serves as a service and informational center for all resource files and information material including a Medical Reference Library, Periodicals, Community Resources' Directories, Telephone Directories, and Circulation Material. It is also responsible for the distribution of policy and procedural materials to Division staff and a non-provider mailing list. This service is included with the Bureau of Administrative Support Services.

Staff Development and Training is responsible for supervising, coordinating, developing, conducting, monitoring and evaluating training within the Division. Included in training are in-service programs such as orientation of all new employees and intensive orientation of staff who service nursing home recipients; in-service orientation on new regulations, projects, programs, and procedures. This Unit also supervises and is involved in training programs as they relate to career development of Division staff. This involves outservice training at institutions of higher education in programs which lead to an Associate or Bachelor's level degree.

A final significant area involves the training of staff persons administering the Early Periodic Screening, Diagnosis and Treatment Program of children 21 years old and under.

The Staff Development and Training Unit also provides training to other state, county and provider groups on aspects of the New Jersey Health Services Program.

F. Office of Program Integrity Administration

The Office of Program Integrity Administration (OPIA) is responsible for the protection of the integrity of the Medicaid, Pharmaceutical Assistance to the Aged and Disabled (PAAD), and Lifeline Programs administered by the Division of Medical Assistance and Health Services (DMAHS). Its functions include the review and investigation of providers involved in fraudulent or abusive activity, and referral of such cases to other state and federal agencies for appropriate civil, criminal or administrative action. They also involve the recovery of correct, incorrect, and illegal payments from providers, recipients, and other parties, recoupment of funds expended where another third party is or may be liable for payment, and correct payment recoveries from estates. A brief description of the office follows:

1. Bureau of Administrative Control (BAC)

BAC is responsible for taking administrative action against Medicaid and PAAD providers and Medicaid recipients who have engaged in fraud and abuse in the Medicaid and PAAD Programs, and for seeking recovery from liable third parties, estates, and others. BAC is divided into three units: an Administrative Action Unit (AAU) and two Recovery Units.

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The AAU is responsible for recommending, initiating and coordinating corrective action against providers and recipients involved in fraudulent or abusive activities. These actions include suspension and recovery against providers and referral of such cases to other state and federal agencies for appropriate civil, criminal, or administrative action.

The Recovery Units are responsible for the recovery of funds from recipients, liable third parties, estates, recipients' other resources, and other parties.

2. The Health Benefits Resource Development Unit (HBRD) is an operational unit whose major function is to intake, verify and update the MSF (Medicaid Status File) directly or by feedback to appropriate agencies, with all TPL (Third Party Liability) information on all Medicaid recipients.

The HBRD Unit solicits employer based health insurance information from insurance companies, employers and unions and publishes a manual. It also has the responsibility of verifying and accreting commercial TPL information for the SSI population to the MSF.

The Unit processes TPL data from SWICA, IEVS, and other matches; monitors TPL data on CWA recipients by processing intake forms; investigates and verifies TPL, based on agency and provider queries.

The HBRD Unit verifies all health insurance of absent parents that the CWAs are adding to the MSF and verifies and authorizes the deletion of any health insurance from the MSF.

3. Bureau of Medical Care Surveillance (BMCS)

BMCS is responsible for monitoring and reviewing providers and recipients participating in, or serviced by, the programs administered by DMAHS. BMCS is organized into a Provider Unit and a Recipient Unit, a Special Status Unit, and a PAAD Unit.

The Provider Unit is responsible for monitoring, through the MMIS computer-generated reports and other sources, the utilization activities of providers to identify and investigate potential fraud and abuse in the Medicaid and PAAD Programs.

The Recipient Unit is responsible for monitoring recipient utilization of services to identify and investigate potential fraud and abuse.

The Special Status Section, as part of the Recipient Unit, restricts the utilization activities of recipients who defraud or abuse the Medicaid Program through the issuance of special status cards either restricting them to specific providers or warning providers that eligibility stubs have been used by unauthorized persons.

4. The Data Retrieval Unit, DRU, maintains microfilm/microfiche provider and recipient utilization reports and copies of claims submitted for payment by providers. The DRU also maintains hard copies of various surveillance

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reports which are generated monthly. The DRU provides information to other units within DMAHS as well as to the state and local agencies which request data. The Unit also coordinates the processing of responses to Explanation of Medicaid Benefits' notices.

5. The SURS Review Unit is responsible for meeting quotas set by the federal Systems Performance Review for states operating a certified Medicaid Management Information System (MMIS). This Unit recommends system parameter changes to the Assistant Director and evaluates resulting SURS output. The SURS coordinates the completion of quarterly and annual quotas of recipient and provider reviews, including SURS cases referred to Fiscal Agents Blue Cross and Prudential as well as other OPIA and DMAHS units.

The MMIS Advisory Committee is co-chaired by the Assistant Director and the Supervisor of the SURS. This committee advises on the use of SURS and other computer-generated reports. SURS is a computer system for monitoring providers and recipients by comparing them against their peers and generating reports of those whose billing and utilization patterns are aberrant.

6. Bureau of Quality Control (BQC)

The BQC is responsible for ensuring that the federally mandated Medicaid Quality Control System is carried out. Additionally, it is responsible for onsite review of a representative sample of PAAD and Lifeline beneficiaries to verify their age, income and residency as reported on their applications. As a result of this monitoring, corrective actions aimed at improving the Administration of the PAAD and Lifeline Programs are initiated.

The MQC System is based on a monthly review of Medicaid beneficiaries identified through statistically reliable statewide samples of cases selected from the eligibles files. These reviews are conducted to determine whether or not the sampled cases meet applicable eligibility requirements and that the amounts paid to provide Medicaid services for these cases were correct. The information gathered from these reviews provides the basis for planning corrective action to reduce erroneous Medicaid payments. Any errors discovered are classified according to type and are compared to national averages. If the error rates are above the national average, the Medicaid Program will have until the next reporting period to reduce its error rates or face fiscal sanctions in the amount of the excess percentage of errors.

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